



CITY OF ROCKVILLE

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize the CITY OF ROCKVILLE to initiate credit entries and to initiate, if necessary, debit entries or adjustments to any credit entries in error for ____CHECKING or ____SAVINGS account (select one). I also authorize the Financial Institution indicated below to credit and/or debit the same to such account.

FINANCIAL INSTITUTION NAME: _____

BRANCH (Location): _____

TRANSIT/ABA NUMBERS: _____

ACCOUNT NUMBERS: _____

I have verified the above transit/ABA and account number with a representative of my Financial Institution. This authority is to remain in full force and effect until the CITY OF ROCKVILLE has received written notification from me of its termination in such a time and manner as to afford the CITY OF ROCKVILLE and the Financial Institution reasonable opportunity to act on it:

EMPLOYEE NAME: _____

SIGNATURE: _____

DATE: _____

EMPLOYEE NUMBER: _____

NOTE: Processing a **New Direct Deposit** or a **Change of Account** will occur only after 2 pays have been pre-noted (test deposited).